

Introduction to the Choosers Letter

What Is the Purpose of This Letter?

The purpose of this letter is to inform people that their plan's premium will be above the regional low-income premium subsidy amount by more than \$1 in 2008, and that they will have to pay a portion of their plan's premium each month out-of-pocket unless they join a new plan by December 31, 2007.

The letter is printed on both sides of tan paper. The front page is the letter. On the back of the letter is a list of plans for each region that have premiums at or below the low-income premium subsidy amount.

Who Gets This Letter?

Medicare will mail this letter to people who qualify for the full premium subsidy and who chose to join a Medicare Drug Plan that was "free" (no premium liability) when they first joined, but whose premium will be above the regional low-income premium subsidy amount by more than \$1 in 2008. These people are not subject to re-assignment by Medicare because they chose to join a plan on their own or switched to a different Medicare Prescription Drug Plan than the one Medicare enrolled them in.

When Do People Get This Letter?

The letter will be mailed by early November.

What Should People Do Next?

People with Medicare should consider their options carefully. If they don't join a new plan by December 31, 2007, they will face a premium liability. People who want more information about Medicare prescription drug coverage can do the following:

- Visit www.medicare.gov on the web and get personalized drug plan information. If they don't have computers, their local libraries or senior centers may be able to help them look at this information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call their State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See the "Medicare & You" handbook or call 1-800-MEDICARE for the telephone number for their state.

People can reference CMS Publication No. 11267 when calling Medicare or their SHIP with questions about this notice.



7500 Security Boulevard
Baltimore, MD 21244-1850

<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
October 2007

Important Information from Medicare about Drug Cost Changes

This letter is to let you know that <Organization Marketing Name>'s <plan name> premium will no longer be fully covered by the extra help Medicare provides. **Starting in 2008, if you choose to stay in <plan name>, you will have to pay <amount> each month toward the premium cost.**

Here are your options:

- 1. You may be able to join a different plan offered by <Organization Marketing Name> for 2008 and pay no monthly premium as long as you qualify for extra help.** Call <plan phone number> to see if <Organization Marketing Name> offers such a plan.
- 2. You can stay in your current plan for 2008 and pay <amount> per month.** You don't have to do anything to choose this option.
- 3. You can switch to a different Medicare drug plan in your area.** Please see the list of plans included with this notice. These plans are available for no monthly premium in 2008 for people who qualify for extra help.

What to do next

If you do nothing, you will remain in your current plan for 2008 and pay <amount> each month toward the premium cost.

You may want to compare the costs, coverage and customer service ratings of other Medicare drug plans in your area before you make your decision. Call the plans you are interested in and see if they cover the prescriptions you take and what pharmacies you can use. You can compare plans that are available for 2008 at www.medicare.gov on the web. You can also get personalized help at your county office on aging, your local State Health Insurance Assistance Program at <insert state number>, or 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

NOTE: If you get assistance from your State Pharmacy Assistance Program (SPAP), contact the SPAP to discuss your decision.

Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios con de teléfono de texto (TTY) deben llamar al 1-877-486-2048.